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PTO/SB/22 (10)
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)
FY 2005
(fees effective on or after October 1, 2004)

Docket Number (Optional)
IA00006

Application Number 09/943,882 Filed **RECEIVED**
August 31, 2004

For VEHICLE ACTIVE NETWORK WITH FAULT TOLERANT DEVICES OCT 19 2004

Art Unit 2663 Examiner Technology Center 2600

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

| | Fee | Small Entity Fee | |
|--|------------|------------------|-----------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$110.00 | \$55.00 | \$ |
| <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$430.00 | \$215.00 | \$ 430.00 |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$980.00 | \$490.00 | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1,530.00 | \$765.00 | \$ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2,080.00 | \$1,040.00 | \$ |

☐ Applicant claims small entity status. See 37 CFR 1.27.

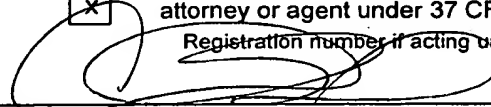
☒ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 13-2855. I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
☐ attorney or agent of record. Registration Number _____
☒ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) 36,278


Signature
October 12, 2004
Date
Anthony G. Sitko
Typed or printed name
(312) 474-6300
Telephone Number

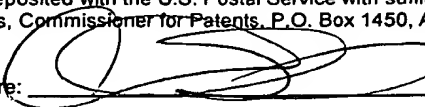
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of 1 forms are submitted.

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I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: MS Appeal Brief-Patents, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 12, 2004 Signature:  (Anthony G. Sitko)